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Under the Paperwork Reduction Act of 1895, no persone are required to respond to a collection of information unlessly, displays a valid CMB control number. PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) 010886.00631 (fees effective on or after December 8, 2004) 02/25/2004 Filed Application Number 10/786,697 Multi-Channel Digital Feedback Reducer System For Sellers, Daniel R. Examiner **Art Unit** This is a request under the provisions of 37 CFR 1.136(a) to extend the periodifor filling a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee \$120.00 One month (37 CFR 1.17(a)(1)) \$120 \$221 ☐ Two months (37 CFR 1.17(a)(2)) \$450 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 ☐ Four months (37 CFR 1.17(a)(4)) \$79+i \$1590 \$1080 \$2160 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. П A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application tora Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any X overpayment, to Deposit Account Number 19-0733. I have enclosed a duellcate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTOI2038. applicant/inventor. I am the ☐ assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/93). □ attorney or agent of record. Registration Number 44.344 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. 11/212005 Date Signature (312) 463-5000 Kenneth F. Smollk Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature le required, see below. Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6/minutes to complete, including gethering, preparing, and submitting the completed application form to the USFTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or superstone for reducing this burden, should believe to the information Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2

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